years after LER, even after adjusting for gender, age, race, and comorbidities (Table).

Conclusions: Diabetic patients undergoing LER for CLI in regions with more frequent outpatient testing have significantly better long-term AFS and MALE. Our study underscores the importance of optimal outpatient medical management in diabetics and provides a novel strategy for improving outcomes after LER.

Table. Association Between Diabetic Care Quality and 2-year Outcomes Following LE Revascularization For CLI

2-year outcomes	*High-quality diabetic care*	*Low-quality diabetic care*	*Adjusted hazard ratio*	*95% confidence interval*	P *value*
Amputation	9%	11%	0.95	0.93-0.98	<.01
Mortality	29%	31%	0.96	0.93-0.98	<.01
Reintervention	24%	25%	0.95	0.93-0.98	<.01
MALE	29%	31%	0.95	0.92-0.98	<.01
Amputation or Mortality	34%	37%	0.96	0.93-0.99	<.01

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PVSS21.

Outcomes Following Open and Endovascular Revascularization for Chronic Mesenteric Ischemia

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Objectives: Endovascular therapy for chronic mesenteric ischemia (CMI) has been used increasingly as first-line therapy; however concerns over durability remain. This study was performed to compare outcomes following open and endovascular revascularization in CMI patients.

Methods: Retrospective analysis was performed of all patients treated for CMI at one medical center from 2002-2012. Survival and reintervention were estimated with Kaplan Meier methodology. Propensity scores to estimate likelihood of open vs endovascular revascularization were determined with logistic regression.

Results: 111 patients underwent treatment for CMI with equal open (55) and endovascular (56) revascularization. Median follow-up was 12.8 months (range, 0.1-105). Open patients were younger (65 vs 72 years; $P = .001$), had less coronary artery disease (42 vs 64%; $P = .02$), and more prior interventions (29 vs 11%; $P = .02$). Open patients had higher perioperative morbidity (60 vs 11%; $P < .001$) and mortality (13 vs 4%; $P = .08$), but overall survival was not different between groups ($P = .2$; Fig). Within all matched propensity quartiles, there was no significant difference in survival between open and endovascular groups. Symptom recurrence (65 vs 18%; $P = .02$) and rate of reintervention (44 vs 2%; $P = .003$) at 3 years were higher in endovascular compared to open patients.

Conclusions: Endovascular therapy for CMI is associated with lower perioperative morbidity and mortality but also greater symptom recurrence and reintervention. Open mesenteric revascularization may be the best option for patients with reasonable perioperative risk.

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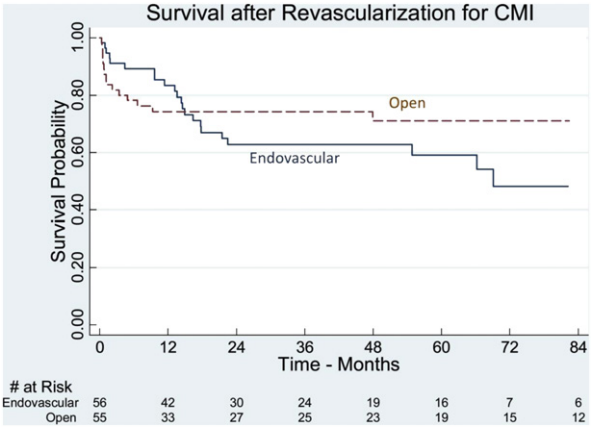

Fig.

PVSS22.

Creating a Vascular Skills Examination: Three New Validated Assessment Models

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Objectives: While a standardized approach has been taken to assess the cognitive skills of vascular trainees in the United States, no formal system exists to test technical ability. Our goals were to develop and validate three vascular skill assessment models, as well as to train assessors to deliver consistent evaluations.

Methods: Twenty surgical trainees (range: 4th year student-PGY 5 resident) completed three vascular skill assessment models, each under the observation of two experienced assessors blinded to their training level. Two models were designed to simulate an end-to-side